

In the United States Patent and Trademark Office

Serial Number: \_\_\_\_\_

Appn. Filed: \_\_\_\_\_

Applicant(s): M. Gomez

Appn. Title: Bicycle Style Large Game Carrying Device

Examiner/GAU: \_\_\_\_\_

Mailed: 2003 Nov 7, Fri

At: Lakewood, CO

Information Disclosure Statement

Commissioner for Patents

Washington, District of Columbia 20231

Sir:

Attached is a completed Form PTO/SB/08(A&B) and copies of the pertinent parts of the references cited thereon. Following are comments on any non-English-language references pursuant to Rule 98:

Very respectfully,

Applicant(s): Matthew L Gomez

Enc.: PTO-1449 & References

c/o: M. Gomez, Applicant Pro Se

12215 W 2nd Place #8-202

Lakewood, CO 80228

Telephone: 801-910-9604

Certificate of Mailing

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, Washington, DC 20231" on the date below.

Date: 200 3 Nov 7 Matthew L Gomez, Applicant



Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

**Sheet**

of

**Complete if Known**

Application Number

Filing Date

First Named Inventor

M. Gomez
----------

Art Unit

Examiner Name

Attorney Docket Number

Gomez - BSLGCD
----------------

## U. S. PATENT DOCUMENTS

**If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Compl te if Known</b>	
				<b>Application Number</b>	
				<b>Filing Date</b>	
				<b>First Nam d Inv ntor</b>	M. Gomez
				<b>Art Unit</b>	
				<b>Examiner Name</b>	
<b>Sheet</b>		<b>of</b>		<b>Attorney Docket Number</b>	Gomez - BSLGCD

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*